

# AMERICAN GYMNASTICS ASSOCIATION

*Joseph Cronin, Treasurer*

*4310 Boren Ave*

*Wichita Falls, TX 76308*

*(940) 631-FLIP (3547)*



***This form must accompany the Athlete Registration Form***

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OR RISK, INDEMNITY and PHOTOGRAPHY AGREEMENT**

In consideration of participating in the activities associated with the American Gymnastics Association (henceforth, AGA), I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in such activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inaction's, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue AGA, its respective administrators, directors, coaches, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any loss, liability, damage, or cost, which may incur as the result of such claim.

I hereby grant AGA and its legal representatives the irrevocable right and unrestricted permission to use and publish photographs or video images of me, or in which I may be included, for any purpose authorized by AGA, including but not limited to: website use, editorial publications, catalog and advertising use. This grant includes the right to modify and retouch the images in the discretion of AGA. I understand that the circulation of such material could be worldwide and that there will be no compensation to me for this use. Furthermore, I understand that I will not be given the opportunity to inspect or approve the finished products or the advertising copy or the printed matter that may be used in connection therewith. In granting this permission to AGA and its legal representatives, I am fully and without limitation releasing it from any liability that may arise from the use of the images.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY and PHOTOGRAPHY AGREEMENT, and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ or Legal Guardian and/or Participant

\_\_\_\_\_  
Name of Gymnastics Club

**PARENTAL CONSENT**

And I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and agree to indemnify and save and hold harmless each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone in the minor's behalf makes a claim against any of the above Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any claim

\_\_\_\_\_  
Printed Name of Parent, or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ or Legal Guardian

Insurance Co. \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Doctor's Name \_\_\_\_\_

Group No.# \_\_\_\_\_  
Child's Birth Date \_\_\_\_\_  
Phone \_\_\_\_\_  
Phone \_\_\_\_\_  
Phone \_\_\_\_\_  
Phone \_\_\_\_\_

Are there any medical conditions we need to be aware of? \_\_\_\_\_

***Saved as: AGA Waiver of Liability***